

Boardof © Ethics

740 N. Sedgwick, Ste. 500 Chicago, IL 60654-8488 (312) 744-9660

CITY OF CHICAGO

2018 STATEMENT OF FINANCIAL INTERESTS

the Governmental Ethics Ordinance and sanctions, including fines and having your name and violation being made public, you must return this form, completed and signed, **no**

later than the close of business Thursday, May 31, 2018 to: Board of Ethics 740 N. Sedgwick, Ste. 500 Chicago, IL

- Please complete this form, sign it and the AMail / Alia / The Board of Ethics . We cannot accept formats. Please answer all 16 questions and sign and date your form before returning it. If you need more room, please attach and label extra sheets. Terms with an asterisk(*) are defined on the instruction sheet. + In questions 2-5 & 8, i capital gain by writing in the apply A= \$25,000 or \$5,000 NOTE: for security reasons, filers in the Chicago Fire and Police Departments, Inspector General's Office, Civilian Wice of Police A and Office of Emergency Communications and building and health inspectors need not disclose the address of Disiness(es), or go tions or property in questions 2 or 9; for question 9, however, they <u>must</u> list the n<u>umber</u> and <u>types</u> of properties owned flats, etc. Last Name: First Name Middle Initial Mailing Address: City Department/Board or Commission: 1. In 2017, were you employed by any governmental unit other than the City of Chicago? If YES, list the name of each governmental unit 2. In 2017, did you serve as an employee, officer, director, associate, partner, or proprietor or in any advisory capacity for any professional, business or other organization (other than your City employment or appointment) from which you received or derived income of more than \$1,000.00? ☐ Yes If YES, for each organization provide the following information: (see note above) Name & Your Type of Amount of Income Address: Position Organization: By Category 3. In 2017, did you receive compensation in excess of \$5,000.00 for professional*, business or other services rendered to a person* or entity doing business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? No If YES, provide the following for each person or entity to which you provided services: Nature of Government Unit With Which Amount of Income Name Person or Entity Did Business Service By Category 4. In 2017, did your spouse or domestic partner* receive compensation or payment in excess of \$5,000.00 for professional*, business, employment, work or other services rendered to a person* or entity doing business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of No If YES, provide the following for each person or entity to which Spouse/ Domestic Partner provided services: Nature of Government Unit With Which + Amount of Income, Name Person or Entity Did Business By Category Services 5. In 2017, did any entity in which you OR your spouse or domestic partner* have a financial interest* receive compensation in excess of \$5,000.00 for professional*, business or other services rendered to any person* or entity doing business* with the City of Chicago, the Chicago Transit Authority, Chicago Board of Education, Chicago Park District, Chicago City Colleges, or Metropolitan Pier and Exposition Authority? . ☐ Yes ☐ No If YES, provide the following information about the entity in which you/spouse/domestic partner have a financial interest: Name of Person or Entity to which Name Services were provided Nature of Government Unit With + Amount of Income Which Person Did Business Services By Category

6. In 2017, did you have a financial interest* in any person* doing business* with the City? (Note: common stock interests in publicly held companies that represent less than 1/2 of 1% (.05%) of the company's outstanding common stock, or time or demand deposits in financial institutions, or endowments,

Title or Description of Position

You Held in This Person

Yes Yes

No

policies or annuities purchased from insurance companies, need not be disclosed.)

If YES provide the following for each person:

Name

	ons, or endowme	nts, policies of armulaes pu	irchased from msc	rance companie		lisclosed.) .		Yes	/
If Y	ES, provide the fo	llowing for each person;		1)616	TOE	li de la companya de		
ame	- 7.	Hadis in the second	er ik maa ass	entre en 2 la lace	Type / Instrume Ownership	ent of			
In 201	17, did you realize	a capital gain of \$5,000.00	or more from the	sale of any capit	al asset other th	an your pri	ncipal place	of Yes	No
f YES,	identify the asset	t(s) sold (including the addr fied asset (see note at top o	ess or legal descri						4
	¥4 , .	- 4.2		Ca Alla Kin	0 93 3 200		+ Amount of Category	of gain , By	
ms of	direct or indirect	a financial interest* in real ownership, such as partner unit or mixed-use building i	ships or trusts wh	ose corpus cons	ists primarily of	real estate.	(If your prine	cipal place	nclude all e of No
If YE lega	ES, identify the real description:	al estate by address (see no	te at top of form f	or filers from cer	tain departmen	ts), includin	g zip code, c	or, if there	is no addres
		4.3		x	-				
		re from any person* (other to of \$250,00?				re gifts hav	ing an	Yes	No
If YE	S, identify the pe	rson or persons from whom	you received suc	h gifts:					
In 20	17, did you receiv	e any improper gift* that yo	ou disposed of in	accordance with	Section 2-156-	144 of the		7 v	
		proper gift(s), the donor(s) i					L	Yes	No
		for annexation, zoning or r	ezoning of real es					Yes	₽ N
f YES, I	list the name of th	for annexation, zoning or no ne person(s) in which you ha e action requested):	ezoning of real es	tate?				Yes	-
f YES, I pplica	list the name of th	for annexation, zoning or re ne person(s) in which you ha	ezoning of real es	tate?	ribe the City act	ion request		Yes	-
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